Taking it to the Extreme

Addressing Serious and Injurious Behavior in an Intensive Mental Health Unit

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Extremes in a Correctional Setting

Chronic, intractable, self-harm requiring extensive intervention

http://www.pbs.org/video/2365229709/

2:55-6:02
FY 13 CDOC Self Harm Statistics

- Outside medical costs totaled $429,507

Five Offenders

$247,324
Culture of Punishment

Common DOC Interventions

• In-cell restraint
• Four point restraint
• Administrative segregation
• Transfer to Infirmaries/Outside hospitals
Behavioral Management Obstacles

• Staff frustration

• “If we let them get away with it, all of the offenders will do this.”

• Lack of training on how to effectively respond
Consequences of Non-therapeutic Responses

- Lawsuits
- Increase in self-mutilating behavior
- Increased use of restraints and forced cell entry
The Need for Something New

“They’re running us. We’re not running them.”
Dealing with Extremes

The Development of an Intensive Mental Health Unit
Behavioral Management Program
Structure as a therapeutic tool

Developing a multidisciplinary treatment system for offenders with extreme behaviors

A Change in Culture
Behavior Management Basics

Behavior Management is a systematic, planned, principled, proactive approach to problem behaviors. It includes:

• Risk assessment
• Functional assessment
• Interventions to build and reinforce desired behaviors and provide safety for problem behaviors
• Systematic measurement, monitoring, and supervision of the plan
• Multidisciplinary collaboration

Dean Aufderheide, 2010
Factors Common to IMHU Inmates who Self-Harm

- Adverse childhood events/trauma
- History of concussive events/some evidence of TBI
- Serious, long term substance abuse
- Physical ailments (e.g. musculoskeletal, sensory, or heart problems)
Addressing Self Injurious Behavior

“We do not focus on the self-injurious behaviour or method of wounding, but rather consider the emotional drivers behind the behaviour and the emotional state that self-injury brings about.”

LifeSIGNS at www.lifesigns.org.uk
Step One: Assess How Behavior is Maintained

Assessment of the function of the problem behavior:

• Identify external events that predict and maintain the behavior

• Functional assessment:
  • How the behavior is cued
  • What the behavior is
  • What results from it.

• It is not a psychiatric diagnosis or looking for internal reasons why the behavior is occurring.
Step Two: Identify what changes are under your control

Put the behavior in context

• What are environmental responses/reinforcers that can shape change?

• What are the environmental responses/reinforcers that keep the behavior going?
A successful behavioral management plan will include:

- Contingency management
- Measurable objectives
- Consistency
- Collaboration

Self injurious offenders will find the weakest link.
Behavioral Management Plan should **not** include:

- Motivations based on fear (i.e. threats of greater sanctions/restrictions)

- Prolonged deprivation (i.e. freedom of movement, seclusion, availability of property, interaction with peers, etc.)
Step 4: Collaboration with the offender

Engagement is essential for behavioral change:

- All shifts must “buy in” to the plan and work on shared goals with the inmate

- Positive working relationships must be maintained through “bad days”

- Demanding retribution for past bad behavior will negatively impact collaboration
Skill Building vs. Content Knowledge

Post Training Knowledge Retention Levels by Training and Follow-Up Strategy

- Training 1-on-1 w/ Feedback and Coaching: 90%
- Skills Practice: 75%
- Group Discussion: 50%
- Demonstration Only: 30%
- Audio/Visual Presentation: 20%
- Reading Only: 10%
- Lecture: 5%

Source: National Training Laboratory Institute (Alexandria, VA)
Slide compiled by EPIC
Therapy needs to be multimodal to help etch new pathways in the brain and decrease kindling of old pathways.

Kevin Creeden
Manipulation

- Positive life skill to get needs met;
- We all use it every day;
- We are manipulated every day;
- Is primarily used for positive purposes

The Goal is to discourage use for maladaptive purposes.
Extreme self harm

and

Extreme behavioral dyscontrol

*How are they handled?*
## Self Harm and Aggressive Behavior often co-occur

<table>
<thead>
<tr>
<th>Self Harm Actions</th>
<th>Aggressive Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cutting</td>
<td>Punching</td>
</tr>
<tr>
<td>Swallowing</td>
<td>Stabbing</td>
</tr>
<tr>
<td>Inserting</td>
<td>Throwing fluids</td>
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<tr>
<td>Smearing into</td>
<td>Verbal/Sexual</td>
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<tr>
<td>wounds</td>
<td>abuse</td>
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Behavior serves a function for the offender. It important to ask “how” and not “why”?

• Behavior does not occur in a vacuum. It has meaning. Behavior always needs to be looked at in context.

• Behavior change is not character change. Character change is much different.
Learning Theory Principles:

Consequences can help modify behavior

- Behaviors that are rewarded are more likely to be repeated
- Behaviors that are **not** rewarded are less likely to be repeated

Triggering situations can be modified to stimulate desired behavior and reduce problem behavior
Getting Creative: Special Privileges

- Job opportunity
- Contact with a therapy dog
- Time out of Cell
- Phone calls to community support
- DOC administrator visits
- Peer Specialist
Potential Coping Skills

- 15-minute rule
- Surfing the urge
- State change
- Journal
- Create something
- Talk to someone
- Listen to positive/upbeat music
- Self Expression

LifeSIGNS at www.lifesigns.org.uk
Potential Coping Skills

- Yoga
- Laughing
- Fun & games
- Breathing exercises
- Pets
- Progressive Muscle Relaxation
- Guided imagery
- Meditation
- Positive affirmations
Behavioral Management Plan Lessons

1. Solve the right problem -- The offender’s behavior is his solution to a problem

2. Behavior may initially increase before decreasing

3. The self harm behavior will relapse...